APPLICATION FOR FERTILIZER MANUFACTURER/DEALER/RETAIL LICENSE

Any person who manufactures, mixes blends, mixes to customers order, offers for sale, sells, or distributes any fertilizer or soil conditioner in Iowa must first obtain a license from the Secretary of Agriculture and shall pay a \$10.00 license fee for each place of manufacture or distribution from which fertilizer or soil conditioner products are sold or distributed in Iowa. Such license fee shall be paid annually on July 1 of each year. Any person other than a manufacturer who annually offers for sale, sells or distributes specialty fertilizer in the amount of 4000 pounds or more or applies specialty fertilizer for compensation shall pay an annual inspection fee of \$30.00.

Or SSN:

BUSINESS LOCATION – Please type or print legibly.

Name.											
Address:											
City:					State/Prov:			Country:			
Zip/Postal Code:					County:						
Telephone No:					E-mail:						
MAILING ADDRI	ESS – Where all co	orre	espondence is to	be se	ent.	Must also have	a cu	ırrent fertilizer licei	ise.		
EIN:					Or SSN:						
Name:											
Address:											
City:					State/Prov: Country:						
Zip/Postal Code:				County:							
Telephone No:				E-mail:							
PLEASE CHECK ALL THAT APPLY:		1			√				V		
Commercial Fertilizer:	(G) Bagged Dry		(K) Bulk Dry			(L) Liquid		(A) Anhydrous Ammonia		Total: \$10	
*Specialty Manufacturer (25 lbs or less)	(M) Manufacturer									Total: \$10	
Specialty Retail (Lawn & Garden)	(R) Over 4000 lbs sold (\$30 inspection fee)		(S) Under 400 lbs sold (No inspection fee)							Total: \$10 or \$40	
Specialty Applicator (Lawn & Garden)	(L) Applicator (\$30 inspection fee)				_		_		_	Total: \$40	
*Must have small packa	ge products (25 lbs	or le	ess) registered								
			~					TOTAL AMOUNT . IALTY RETAIL SA.		ABLE 🗲	
MAKE CHECK PAYABLE TO: Secretary of Agriculture Refer questions or comments to: 515-281-8597				Io F	MAIL TO: Iowa Dept. of Agriculture & Land Stewardship Fertilizer Bureau Henry Wallace Building-502 E 9 th St. Des Moines, Iowa 50319						
Name-Please Print						Title:					
Signature:					Date:						